

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90193 004 ***150.00

DOCUMENT # F06000001039



1. Entity Name
BARNES & NOBLE BOOKSELLERS, INC.

Principal Place of Business
**122 FIFTH AVENUE
NEW YORK, NY 10011**

Mailing Address
**122 FIFTH AVENUE
NEW YORK, NY 10011**

60033923



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4030389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
RIGGIO, LEONARD
122 FIFTH AVENUE
NEW YORK, NY 10011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LAWRENCE ROBINS
122 FIFTH AVE
New York, NY 10011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
FLOREZ, MARIA B
122 FIFTH AVENUE
NEW YORK, NY 10011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
RIGGIO, STEPHEN B
122 FIFTH AVENUE
NEW YORK, NY 10011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
KLIPPER, MITCHELL S
122 FIFTH AVENUE
NEW YORK, NY 10011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
LOMBARDI, JOSEPH
122 FIFTH AVENUE
NEW YORK, NY 10011**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes; I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LAWRENCE S. ROBINS

4/25/08

212-633-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #